Approved for use through 07/31/2006, QMB 0651-0032 U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attorney Docket No. UTILITY PATENT APPLICATION First Inventor TRANSMITTAL OPTICAL FLOW MONITO Title (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Mail Stop Patent Application Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: P.O. Box 1450 See MPEP chapter 600 concerning utility patent application contents. Alexandria VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Fee Transmittal Form (e.g., PTO/SB/17) Computer Program (Appendix) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) See 37 CFR 1.27. 3. 🔯 Computer Readable Form (CRF) [Total Pages_ Specification (preferred arrangement set forth below) Descriptive title of the invention Specification Sequence Listing on: b. - Cross Reference to Related Applications Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention Paper - Brief Summary of the Invention c. Statements verifying identity of above copies - Brief Description of the Drawings (if filed) - Detailed Description ACCOMPANYING APPLICATION PARTS - Claim(s) - Abstract of the Disclosure 9. **C** Assignment Papers (cover sheet & document(s)) 10. 🔲 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 5. Oath or Declaration [Total Sheets English Translation Document (if applicable) a. Newly executed (original or copy) Copies of IDS Information Disclosure Statement (IDS)/PTO-1449 Citations b. Copy from a prior application (37 CFR 1.63(d)) 13. Preliminary Amendment (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) Signed statement attached deleting inventor(s) (if foreign priority is claimed) name in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 16. 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 6. 17. 🗖 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: of prior application No. 10/155, 094 Continuation Divisional Continuation-in-part (CIP) BUCZINSKI Art Unit: Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number: OR Correspondence address below Name R. ROSS TREX ENTERPRISES **Address** PACIFIC CENTER 10455 Zip Code Citv State 92121 SAN DIEGO 4 Country Telephone 8\$8-646 5581 858~646-54**8**8 Registration No. (Attorney/Agent) Name (Print/Type) R 05 S 3٥ Date Signature

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (08-03)

| 19 | Com | Complete if Known | | | | |
|--|----------------------|-------------------|--|--|--|--|
| FEE TRANSMITT | Application Number | | | | | |
| for EV 2002 | Filing Date | 10/14/03 | | | | |
| for FY 2003 | First Named Inventor | BECENKII | | | | |
| Effective 01/01/2003. Patent fees are subject to annual re | Examiner Name | | | | | |
| Applicant claims small entity status. See 37 CFR 1.2 | 27 Art Unit | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | Attorney Docket No. | | | | | |

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| Deposit Account | METHOD OF PAYMENT (check all that apply) | | | FEE CALCULATION (continued) | | | | | |
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| Page Fee | | | | | | | | | |
| Deposit Account Number Account Number Account Number Deposit Account Number Deposit Number Number Deposit Number Nu | Deposit Account: | Fee | Fee | Fee | Fee | Fee Description | | | |
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| Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below Recept for the filling fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Pea Description Fee Paid Code (\$) Code | | 1051 | 130 | 2051 | | · · | | | |
| The Director is authorized to: (check all that apphy) Charge fee(s) indicated below Code (any overpayments) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION | | 1052 | 50 | 2052 | 25 | | | | |
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| Charge any additional fee(s) during the pendency of this application 1804 920* 1804 920* 1804 1805 1804 1805 1804 1805 1 | | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION | | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to | | | |
| Total Claims Extra Claims Extr | 1 7 | 4005 | 1 0401 | 1005 | 4 940* | | | | |
| Test Total Claims Substortal (1) Substortal (2) | | 1805 | 1,840" | 1805 | 1,040 | Examiner action | | | |
| 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid | | 1251 | 110 | 2251 | 55 | Extension for reply within first month | | | |
| Large Entity Small Entity Smal | | 1252 | 410 | 2252 | 205 | Extension for reply within second month | | | |
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| SUBTOTAL (1) (\$) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid 1,300 2501 650 Utility issue fee (or reissue) Total Claims Independent | .* | 1403 | 280 | 2403 | 140 | Request for oral hearing | | | |
| SUBTOTAL (1) (\$) 1452 110 2452 55 Petition to revive - unavoidable 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid below Fee Paid below Fee Paid 1503 630 2503 315 Plant issue fee Total Claims | | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Claims Independent Claims Independent Claims Multiple Dependent Eage Entity Fee Fee Code (\$) Co | | | | 2452 | 55 | Petition to revive - unavoidable | | | |
| Total Claims Cac -20** = Cac X Tac Tac Tac Tac Claims Tac Tac Claims Tac Tac Claims Tac Tac Claims Tac T | | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional | | | |
| Total Claims Column Colum | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) | | | |
| Independent Claims Multiple Dependent Large Entity Small Entity Fee Fee Fee Fee Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims in excess of 20 1204 84 2204 42 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 1206 18 2205 9 **Reissue claims in excess of 20 1207 1808 1809 1809 1809 1809 1809 1809 1809 1208 1809 1809 1809 1809 1809 1809 1809 1809 1809 1209 18 | Extra Claims below Fee Paid | 1502 | 470 | 2502 | 235 | Design issue fee | | | |
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| | SUBTOTAL (2) (\$) 482 \\ **or number previously paid, if greater; For Reissues, see above | *Red | luced by | / Basic | Filing F | Fee Paid SUBTOTAL (3) (\$) | 40 | | |

 SUBMITTED BY
 (Complete (if applicable))

 Name (Print/Type)
 #OHN R Resistration No. (Attorney/Agent)
 30 53 C)
 Telephone \$58-(44-5488)

 Signature
 Date
 10/14/63

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